



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Mountain View
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	16 March 2021
Centre ID:	OSV-0001993
Fieldwork ID:	MON-0025105

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Mountain View is a bungalow situated in a town in County Kildare and in walking distance to many local amenities and public transport links. Each resident has their own bedroom with access to living areas, kitchen/dining area, sun room and bathrooms. Mountain view provides a home to a maximum of four male/female adults with an intellectual disability. Person centred supports are provided to meet the physical, emotional, social and psychological needs of each person in the house. Full time residential care is provided by a person in charge, social care workers and social care assistants.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:

4

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 16 March 2021	11:00hrs to 16:30hrs	Maureen Burns Rees	Lead

## What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents had a good quality of life in which their independence was promoted. However, there were some compatibility issues in the centre, which on occasions impacted upon the lived experience of all residents. It was also noted that some re-painting was required in areas and that improvements were required to ensure that person centre plans were reviewed in line with the requirements of the regulations. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed by the provider in line with the requirements of the regulations. The inspector observed that the residents and their families were consulted in the running of the centre and played an active role in decision making within the centre.

The centre comprised of a bungalow which was within walking distance of a local town. There were four residents living in the centre, the majority of who had been living together for a prolonged period. The inspector met briefly with each of the four residents. Conversations between the inspector and the residents took place from a two metre distance, wearing the appropriate personal protective equipment and was time-limited in adherence with national guidance. The residents met with appeared in good form and comfortable in the company of staff. One of the residents referred to the staff team as 'very kind' and stated that she 'loved' living there. Each of the residents told the inspector that they were happy living in the centre and enjoyed the company of the staff team. A number of the residents spoke about the COVID-19 national restrictions and how it had impacted upon their lives. One of the residents who was a wheel chair user provided the inspector with a guided tour of part of the centre and demonstrated how they would evacuate in the event of an emergency.

Residents' were supported to engage in meaningful activities in the centre. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting residents' access to activities in the community. Pre COVID-19, a number of the residents had been active members of their local community. Two of the residents did not attend a formal day service programme. However, a programme of activities was coordinated from the centre for these residents which it was felt better met their needs. The other two residents had access to a day service programme which they could also access online. The delivery of some programmes had been impacted by restrictions, but residents continued to engage in classes from the centre, via video conferencing mediums. For example, exercise, speech and art classes. The provider held a number of on-line course as part of its 'life long learning' programme such as health, cooking, 'fun fit', choir, bingo and a social group. A weekly activity schedule was in place and led by each of the residents. Other examples of activities that residents engaged in included, walks to local scenic areas, drives, arts and crafts, hand massages, manicures, board games, painting and listening to music. Residents spoke fondly about activities that they undertook

in the centre. One of the residents enjoyed watching mass on-line.

There was an atmosphere of friendliness in the centre. However, staff spoken with, indicated that compatibility issues in the centre had heightened in the preceding period. It was considered that this was directly related to the COVID-19 restrictions and all four residents being at home more of the time. Throughout the period of the inspection, residents were overheard joking and chatting with each other and staff members. Warm interactions between the residents and staff caring for them was observed. Numerous photos of each of the residents and pieces of their art works were on display. A large mural had been painted by residents on the outside garden walls. A resident was observed to peel potatoes for the evening meal whilst another resident went out for a walk with a staff member. Staff were observed to interact with residents in a caring and respectful manner. For example, staff were overheard seeking permission before entering a residents room and reminding them about the need for social distancing when out in public in a calm and caring manner.

Overall, the centre was found to be homely, accessible and comfortable. However, the paint and decoration in some areas was observed to be worn. For example, chipped and cracked paint on some walls, radiators and woodwork. In addition the flooring in some areas appeared worn. Each of the residents had their own bedroom which had been personalised to their own taste. A number of the bedrooms visited, with the permission of residents, were observed to be an adequate size and to meet the individual resident's needs. Bedrooms were decorated according to individual resident's wishes and contained personal television, family photographs, posters and various other belongings. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. Two of the residents were wheelchair users and although the majority of areas were accessible it was noted by residents, that there were some uneven surfaces at exit routes and in the grounds which made manoeuvring of their wheelchairs more difficult. There was a nice sized accessible garden and patio area to the rear of the house, with a table and chairs for outdoor dining.

There was evidence that residents and their representatives were consulted with and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled to communicate their needs, preferences and choices at these meeting in relation to their goals, activities and meal choices. Residents meetings took place on a bi-weekly basis but there were daily meetings with residents to agree activities. One of the residents sat on the provider's interview committee for employing new staff. This resident told the inspector that they enjoyed the role and having a say on which staff would be employed to work in the centre. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents, but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with residents as part of their annual review, which indicated that they were happy with the care and support being provided.

Residents' rights were promoted by the care and support provided in the centre. Residents had access to advocacy services. One of the residents was a member of

the provider's advocacy committee 'Voice of Kare' and shared information from this group with their peers in the centre, and vice versa. There was information on rights and advocacy services observed on the notice board in the kitchen for resident's reference. 'Dignity and respect' were noted as a house rule. Residents' rights were a standing agenda item at residents' meetings. Each of the residents had money management plans in place to support residents to gain more control of their money. Residents' personal plans included clear detail on how to support each resident with their personal and intimate needs which ensured that the dignity of each resident was promoted. Life long learning courses were available which a number of the residents participated in.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including video and voice calls. All visiting to the centre was restricted, in line with national guidance for COVID-19. Staff supported residents to make visits to their families when appropriate. A number of the residents spoke about missing being able to visit their family homes but seemed to enjoy video calls with their families, and writing and receiving letters.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs. Although, there were some compatibility issues in the centre there was evidence that the provider had taken measures to support the residents and staff. It was reported that the provider was actively considering a new placement for one of the residents which it was considered would better meet their needs.

The centre was managed by a suitably qualified and experienced person. The person in charge had only taken up the post in the previous four month period. She held a full time position and was also responsible for one other centre located a relatively short distance away. She held a masters in social policy and human rights and a degree in management and leadership. She had more than four years management experience. She was supported by a shift leader on each shift, in this centre and in the other centre for which she held responsibilities. She had a good knowledge of the assessed needs and support requirements for each of the residents.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The provider had a manager on-call system for staff to access if required out of hours. The person in charge

reported to the operations manager who in turn reported to the director of care. The person in charge reported that she felt supported in her role, since taking up the position.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis, as required by the regulations. A number of other audits and checks were completed on a regular basis. Examples of these included, medication and health care, infection control and moving and handling. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular resident meetings, staff meetings and separately management meetings with evidence of communication of shared learning at these meetings.

The full complement of staff were in place at the time of inspection. The majority of staff had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level. The provider had reviewed and revised the staff roster in the preceding period to meet the changing needs of one the residents. A small panel of relief staff were used to cover staff leave.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated centrally. It was noted that the delivery of some training had been delayed and impacted by COVID-19 restrictions but all outstanding training was scheduled . There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. These were considered to support staff to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained, and where required, these were notified to the Chief Inspector, within the timelines required in the regulations.

#### Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives. The person in charge had only taken up the post in the previous four month period.

Judgment: Compliant



<b>Regulation 15: Staffing</b>
The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection the full complement of staff were in place.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Training had been provided to staff to support them in their role and to improve outcomes for residents. Suitable staff supervision arrangements were in place. It was noted that the delivery of some training had been delayed and impacted by COVID-19 restrictions, but all outstanding training was scheduled or completed.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
Notifications of incidents were reported to the chief inspector in line with the requirements of the regulations.
Judgment: Compliant
<b>Quality and safety</b>

The residents living in this centre, appeared to receive care and support which was of a good quality, person centred and promoted their rights and independence. However, on occasions there were some compatibility issues between residents which impacted upon the lived experience of all residents. In addition, some areas were identified to be in need of refurbishment or repainting and improvements were required for the processes to review personal support plans to ensure that the reviews met the requirements of the regulations.

Residents' well being and welfare was maintained by a good standard of evidence-based care and support. Personal support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their independence in accordance with their individual health, communication, personal and social care needs and choices. Person-centred goals had been set for each of the residents and there was evidence that progress in achieving the goals set were being monitored, albeit progress with some had been impacted because of the COVID-19 national restrictions. The resident's assessments of needs had been reviewed by the provider's planner in consultation with resident's key workers and residents. However, a number of the personal plans had not been reviewed on an annual basis, as per the requirements of the regulations, so as to assess the effectiveness of the plans in place and to take account of any changes in circumstances.

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments had been completed and were subject to regular review. There was a risk management policy and local risk register in place. Health and safety checks were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. This promoted opportunities for learning to improve services and prevent incidents and re occurrences.

Precautions were in place against the risk of fire. There was documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. There were adequate means of escape and a fire assembly point was identified in an area to the front the houses. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

There were procedures in place for the prevention and control of infection. A COVID-19 contingency plan was in place which was in line with the national guidance. This included an isolation plan for each of the residents should it be required. The inspector observed that areas appeared clean. A cleaning schedule was in place, which was overseen by the person in charge. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place

for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Residents had also been supported with training on infection control, hand hygiene and social distancing. Staff and resident temperature checks were being taken at regular intervals, and on all entries to the centre. Disposable surgical face masks were being used by staff whilst in close contact with residents. There had been no confirmed cases of COVID-19 for staff or resident at the time of inspection.

There were measures in place to protect residents from being harmed or suffering from abuse. However, there were some compatibility issues. These related to the behaviours of a small number of residents which on occasions were difficult for staff to manage in a group living environment and presented safeguarding concerns. There had been an increased number of allegations or suspicions of abuse in the preceding period which it was considered were directly related to the impact of COVID-19 restrictions on resident's daily routines. All allegations and suspicions of abuse had been appropriately responded to, Residents were provided with emotional and behavioural support. The provider had reviewed staffing arrangements and introduced waking night staff to support and safeguard residents. Safeguarding and behavioural plans were in place for residents identified to require same. The provider's behavioural therapist and psychologist provided regular support for the residents and staff team. Efforts were being made by the provider to identify an alternative placement for one of the residents which it was felt would better meet their needs. However, this alternative placement had not yet been confirmed. Intimate and personal care plans in place for residents provided a good level of detail to support staff in meeting residents intimate care needs.

### Regulation 17: Premises

The centre was found to be comfortable and homely. However, the paint and decoration in some areas was observed to be worn. For example, chipped and cracked paint on some walls, radiators and woodwork. In addition the flooring in some areas appeared worn. Although the majority of areas were accessible, it was noted by two of the residents that there were some uneven surfaces at exit routes and in the grounds which made manoeuvring of their wheelchairs more difficult.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and

learning from incidents and adverse events involving the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean. A COVID-19 contingency plan was in place which was in line with the national guidance. This included an isolation plan for each of the residents should it be required.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape. A procedure for the safe evacuation of residents in the event of fire was prominently displayed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' well-being and welfare was maintained by a good standard of evidence-based care and support. However, a number of the personal plans had not been reviewed on an annual basis, as per the requirements of the regulations, so as to assess the effectiveness of the plans in place and to take account of any changes in circumstances.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents' healthcare needs appeared to be met by the care provided in the centre. Individual health plans, health promotion and dietary assessment plans were in

place. There was evidence residents had regular visits to their general practitioners.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same and these were subject to regular review. Behavioural incidents were found to be appropriately responded to.

Judgment: Compliant

### Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. However, there were compatibility issues. These related to the behaviours of a small number of residents which on occasions were difficult for staff to manage in a group living environment and presented safeguarding concerns. There had been an increased number of allegations or suspicions of abuse in the preceding period which it was considered were directly related to the impact of COVID-19 restrictions on residents daily routines.

Judgment: Substantially compliant

### Regulation 9: Residents' rights

Residents rights were promoted by the care and support provided in the centre. Residents had access to advocacy services should they so wish. There was information on rights and advocacy services observed on the notice board in the kitchen. There was evidence of active consultations with residents regarding their care and the running of the house. Rights were regularly discussed at resident meetings. One of the residents was a member of the provider's advocacy committee and sat on the provider's interview panel for new staff.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mountain View OSV-0001993

Inspection ID: MON-0025105

Date of inspection: 16/03/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All maintenance issues identified will be addressed by the end of August 2021.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: All plans will be reviewed on an annual basis. Plans will reflect input from any necessary multi-disciplinary team members depending on the persons needs and choice. All current plans will be reviewed to ensure they are up to date by the end of June 2021	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding concerns are being addressed by reviewing each persons plan to provide further structure in daily routines and allowing individuals to return to pre COVID activities by the end of June 2021 in line with personal plan reviews.	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/08/2021
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is	Substantially Compliant	Yellow	31/08/2021

	accessible to all.			
Regulation 05(6)(b)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be conducted in a manner that ensures the maximum participation of each resident, and where appropriate his or her representative, in accordance with the resident's wishes, age and the nature of his or her disability.	Substantially Compliant	Yellow	30/06/2021
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	30/06/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/06/2021